CW 3628

PTO/SB/21 (09-04)

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TRANSMITTAL **FORM**

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Application Number	10/045,114
Filing Date	November 9, 2001
First Named Inventor	Pabst, et al.
Art Unit	3625
Examiner Name	Jeffrey A. Smith
Attorney Docket Number	36657-00400

ENCLOSURES (Check all that apply)											
V		smittal Fo			Draw Licen	ing(s) sing-related Papers			Appea	Allowance Communical All Communication to I	Board
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/			Rem	Provise Power Chan Termin Required CD, N	on on to Convert to a sional Application or of Attorney, Revoca ge of Correspondence inal Disclaimer est for Refund Number of CD(s) Landscape Table on	e Address	1	Propri Status Other below		Brief) Identify
	R		issing Parts FR 1.52 or 1.53	TURE	OF A	PPLICANT, ATT	ORNEY. C	R AG	ENT		
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Signatu	ıre	In	& D. Bu	·	_		<u> </u>	•			
Printed	name	Frank A. Bruno									
Date		May 20, 2005 Reg. No. 46,583									
I hereb	y certify th	nat this co	rrespondence is b	eing fac	simile t	E OF TRANSMIS transmitted to the USI d to: Commissioner for	PTO or depos	ited with	n the Un	ited States Postal Se exandria, VA 22313-	ervice with 1450 on
	e shown b		Express I	Mail Lab	pel / EL/9	068231355 US				May 20, 2005	

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Typed or printed name

Teresita Santos

PTO/SB/17 (12-04v2)

Fee Paid (\$)

Fee (\$)

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	ive on 12/08/20			Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nur	nber 10	0/045,114		
FEE TRANSMITTAL			Filing Date	N	ov. 9, 2001		
For FY 2005				First Named Inv	ventor Pa	Pabst, et al.	
Applicant claims amell	antitu atatua	Coo 27 CED 4 /	27	Examiner Name	e J.	Smith	
Applicant claims small	entity status.			Art Unit	36	625	
TOTAL AMOUNT OF PAY	MENT (\$)	1620		Attorney Docke	t No. 36	657-00400	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 13-3250 Deposit Account Name: Milbank							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING F Sr	EES nall Entity	SEARC	CH FEES Small Entity	EXAMIN	ATION FEES Small Entity	•
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)。
Utility	300	150	500	250	200	100	·
Design	200	100	100	50	130	65	
Plant.	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE	S					F (#)	Small Entity
Fee Description Each claim over 20 (in	ncluding Re	issues)				<u>Fee (\$)</u> 50	Fee (\$) 25
Each independent clai			ies)			200	100
Multiple dependent cl			- ,			360	180
Total Claims	Extra Claims	s Fee (\$)	Fee F	Paid (\$)		Multiple De	enendent Claims

Indep. Claims Extra Claims Fee (\$) - 3 or HP =

HP = highest number of total daims paid for, if greater than 20.

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

- 20 or HP =

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof

Total Sheets Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY			
Signature	FullASm	Registration No. (Attorney/Agent) 46,583	Telephone 212-530-5456
Name (Print/Type)	Frank A. Bruno	-	Date May 20, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.